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COMBINED DEC. AATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

ATTORNEY DOCKET NO.

As a bel w named inventor, I hereby declare that: my residence post office address and
citizenship are as stated next to my name; that I verily believe that I am the original, first and sole
inventor (if only one inventor is named below) or a joint inventor (if plural inventors are named
below) of the subject matter which is claimed and for which a patent is sought on the invention
ansistad: #

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		isiting						
the specifi	cation of wh	ich is attac	hed here	to unless o	ne of the	following	boxes is che	cked:
	The Specifica	ation was fil	ed on		 	an	d was assigne	ed .
Seria	l No		_ and was	s amended o	on			
	was filed as l							
		and v	vas amend	ied under P	CT Article	19 on		
(if ap	plicable).					• •		
I here	by state tha	at I have r	eviewed a	and unders	tand the	contents o	f the above	identified

specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof, or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows:

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below:

)		Priority	Claimed
Germany	June 28, 2000	K 1	
(Country)	(Month/Day/Year Filed)	Yes	No
		©	□ No
(Country)	(Month/ Day/ Year Filed)	_	
(Country)	(Month Day/Year Filed)	☐ Yes	No
(6	(Month / Day / Vear Filed)	Vas	□ No
(Country)	(Worth: Day, real Filed)		
(Country)	(Month Day/Year Filed)	Yes	No
Designs) Prior To The F	iling Date of This Application	1:	
Аррисан			
<u> </u>			
	Germany (Country) Europe (Country) (Country) (Country) s, if any, for any Paten Designs) Prior To The F	Germany (Country) EUrope (Country) (Country) (Country) (Country) (Month/Day/Year Filed) (Country) (Month/Day/Year Filed) (Country) (Month/Day/Year Filed) (Country) (Month/Day/Year Filed) (Country) (Month Day/Year Filed) (Say, if any, for any Patent or Inventor's Certificate Filed) (Designs) Prior To The Filing Date of This Application	Germany Country Count

I hereby claim the benefit under Title 35. United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35. United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

		dia abandones
(Application Serial No.)	(Filing Date)	(Status - patented, pending, abandoned
(Application Serial No.)	(Filing Date)	(Status patented, pending, abandones

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Insert Priority Information (if appropriate)

I hereby appoint the ionowing attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

Vincent L. Ramik - Registration No. 20,663

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Send Correspondence to: DILLER, RAMIK & WIGHT, P.C.

Merrion Square Suite 101 7345 McWhorter Place Annandale, Virginia 22003 Telephone (703) 642-5705

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

iame of First or Sole	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE			
' Name of Inventor ::	Uwe	D'Agnone	14. 19000	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	20.0601			
r Residence -ert Citizenship	RESIDENCE (City, State	& Country)		CITIZENSHIP				
	53773 Henn	ef, Germany		German				
l Post Office	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
dress	Im Schlosspark 7, 53773 Hennef, Germany							
Name of Second	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE			
rentor, if any:	Tim	Schaefer	1. Serapy		15.06.2001			
	RESIDENCE (City, State	& Country)		CITIZENSHIP				
	53119 Bonn	, Germany	German					
•	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
	Lievelingsweg 8, 53119 Bonn, Germany							
Name of Third ventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE			
see above								
	RESIDENCE (City, Stat	e & Country)		CITIZENSHIP				
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
Name of Fourth	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	<u> </u>	DATE			
ventor, If any:	1							
see above	RESIDENCE (City Sta	registronic distriction		CITIZENSHIP				
	1							
	POST OFFICE ADDRESS - Direct Street Address including City State & Country)							
			• •					
Name of Fifth ventor, If any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE			
see sbove								
	RESIDENCE ICAY SI	are & Country		CITIZENSHIP				
e: Must be completed								
ed	POST OFFICE ADDRESS Company Street Address including City State & Country							